#### Supplemental Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0

Title:: SYSTEM FOR A DENTAL FILLING

MATERIAL OR IMPLANT MATERIAL,

AND POWDERED MATERIAL,
HYDRATION LIQUID, IMPLANT
MATERIAL AND METHOD OF

ACHIEVING BONDING

Attorney Docket Number:: 1510-1097

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: LEIF

Middle Name::

Family Name:: HERMANSSON

Name Suffix::

City of Residence:: UPPSALA LANNA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing STENBROHULTSVACEN 20, 3 TR

Address:: LANNA GARD

City of Mailing Address:: UPPSALA LANNA

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-757-58 740-11

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: LARS

Middle Name::

Family Name:: KRAFT

Name Suffix::

City of Residence:: UPPSALA

State or Province of

Residence::

Country of Residence:: SWEDEN
Street of Mailing ULLSAXVAGEN 17

Address . .

City of Mailing Address:: UPPSALA

State or Province of Mailing Address:: Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-756 48

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: HAKAN

Middle Name::

Family Name:: ENGQVIST

Name Suffix::

City of Residence:: KNIVSTA

State or Province of

Residence::

Country of Residence:: SWEDEN
Street of Mailing MARGARETAVAGEN 12

Address::

City of Mailing Address:: KNIVSTA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-741 44

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: NILS-OTTO

Middle Name::

Family Name:: AHNFELT

Name Suffix::

City of Residence:: UPPSALA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing NORDHEMSVAGEN 5A

Address::

City of Mailing Address:: UPPSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-756 46

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JESPER

Middle Name::

Family Name:: LOOF

Name Suffix::

City of Residence:: UPPSALA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing LUTHAGSESPLANADEN 26B

Address::

City of Mailing Address:: UPPSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-752 24

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JAN-ERIK

Middle Name::

Family Name:: SCHULZ-WALZ

Name Suffix::

City of Residence:: HAMBURG

State or Province of

Residence::

Country of Residence:: SWEDEN GERMANY

Street of Mailing DOROTHEENSTR. 14

Address::

City of Mailing Address:: HAMBURG

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN GERMANY
Postal or Zip Code of Mailing Address:: S-22301

### Correspondence Information

Correspondence Customer 00466

Number::

## Representative Information

Representative Cus	stomer	00466
Number::		

## Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/SE03/00954	6/11/03
	7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4		

#### Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
SWEDEN	0201920-6	6/20/02	Yes
SWEDEN	0201921-4	6/20/02	Yes
SWEDEN	0202998-1	10/9/02	Yes

# Assignment Information

Assignee Name:: Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::